Approved for use through 10/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
pond to a collection of information unless if displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are require Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 0286336.00151US1 / NOR-012CP2 FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/749.118-Conf. #3277 Filed December 30, 2003 Application Number NORMALIZATION OF DEFECTIVE T CELL RESPONSIVENESS THROUGH MANIPULATION OF For THYMIC REGENERATION Art Unit 1633 Examiner Q. Nauven This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee \$130 \$65 One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$1110 \$555 555.00 x Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) \$1730 \$865 Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 X Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. x | The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Denosit Account Number 08-0219 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 33,523 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 sure 10 March 10, 2009 Signature Date (617) 526-6000 Ann-Louise Kerner, Ph.D. Telephone Number Typed or printed name

NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted.

ignature is required, see below

Total of